PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2019, covering calendar year ending December 31, 2018.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

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ACCOUNT #
00080066

1 NAME	TITLE; FIRST; MI The Honorable Justin A. NICKNAME; LAST; SUFFIX Holland	**OFFICE USE ONLY** Date Received ELECTRONICALLY FILED 04/28/2019
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3021 Ridge Rd Ste A, Box 79 Rockwall, TX 75032 ☐ (CHECK IF FILER'S HOME ADDRESS)	Receipt # HD / PM / Amount Date Processed
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION [redacted]	Date Imaged

4 REASON FOR FILIING STATEMENT

- ☐ CANDIDATE ______ (INDICATE OFFICE)
- ☒ ELECTED OFFICER State Representative (INDICATE OFFICE)
- ☐ APPOINTED OFFICER ______ (INDICATE AGENCY)
- ☐ EXECUTIVE HEAD ______ (INDICATE AGENCY)
- ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- ☐ STATE PARTY CHAIR ______ (INDICATE PARTY)
- ☐ OTHER ______ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Mrs. Neely Holland

DEPENDENT CHILD
1. [redacted]
2. [redacted]
3. ______

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
2 EMPLOYMENT [ ] EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD [ ] (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3125 Ridge Road Rockwall, TX 75032 POSITION HELD
[X] SELF-EMPLOYED	NATURE OF OCCUPATION Real Estate Brokerage & Sales

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1	MUTUAL FUND	NAME Single Account
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD ______
3	NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☒ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE
4	IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

	MUTUAL FUND	NAME Individual Retirement Account
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD ______
	NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☒ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE
	IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

	MUTUAL FUND	NAME Individual Retirement Account
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
	NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☒ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE
	IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each source of income you, your spouse, or a dependent child received in excess of $500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME ☐ Publicly held corporation	NAME AND ADDRESS rental income ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1301 SW 3rd Ave Amarillo, TX 79106
2 RECEIVED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD ______________
3 AMOUNT	☐ $500 - $4,999 ☐ $5,000 - $9,999 ☒ $10,000 - $24,999 ☐ $25,000--OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD ______________
2 STREET ADDRESS [ ] NOT AVAILABLE [X] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted] [redacted]
3 DESCRIPTION [X] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Rockwall
4 NAMES OF PERSONS RETAINING AN INTEREST [X] NOT APPLICABLE (SEVERED MINERAL INTEREST)	Holland, Neely (Mrs.)
5 IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale.
For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD ______
2 DESCRIPTION	NAME AND ADDRESS [ ] (Check if Filer's Home Address) Regal Realtors, LLC 3125 Ridge Road Rockwall, TX 75032
3 IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD ______
DESCRIPTION	NAME AND ADDRESS [X] (Check if Filer's Home Address) 678 Real Estate, LLC [redacted] [redacted]
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD ______
DESCRIPTION	NAME AND ADDRESS [ ] (Check if Filer's Home Address) Rockwall Homes, LLC 909 Cullins Road Rockwall, TX 75032
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

HELD OR ACQUIRED BY	[ ] FILER [X] SPOUSE [ ] DEPENDENT CHILD ______
DESCRIPTION	NAME AND ADDRESS [ ] (Check if Filer's Home Address) NECATMA, L.P. 1301 SW 3rd Ave Amarillo, TX 79106
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

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On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- [ ] N/A Part 1A - Sources of Occupational Income
- [x] N/A Part 1B - Retainers
- [x] N/A Part 2 - Stock
- [x] N/A Part 3 - Bonds, Notes & Other Commercial Paper
- [ ] N/A Part 4 - Mutual Funds
- [ ] N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- [x] N/A Part 6 - Personal Notes and Lease Agreements
- [ ] N/A Part 7A - Interests in Real Property
- [ ] N/A Part 7B - Interests in Business Entities
- [x] N/A Part 8 - Gifts
- [x] N/A Part 9 - Trust Income
- [x] N/A Part 10A - Blind Trusts
- [x] N/A Part 10B - Trustee Statement
- [x] N/A Part 11A - Business Associations
- [x] N/A Part 11B - Assets of Business Associations
- [x] N/A Part 11C - Liabilities of Business Associations
- [x] N/A Part 12 - Boards and Executive Positions
- [x] N/A Part 13 - Expenses Accepted Under Honorarium Exception
- [x] N/A Part 14 - Interest in Business in Common with Lobbyist
- [x] N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- [x] N/A Part 16 - Representation by Legislator Before State Agency
- [x] N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- [x] N/A Part 18 - Legislative Continuances
- [x] N/A Part 19 - Contracts with Governmental Entity
- [x] N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as wells as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Justin A. Holland

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ____, this the ___________________ day of___________________, 20________, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath